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We Believe Intensive

Treatment Leads to

Self-Sustaining

Independence, the

Maximizing of

Human Potential

and a Meaningful,

Fulfilling Life.

Our Veterans Are

Worthy of Nothing

Less

1 December 2014

Congressional Testimony Written Statement

From: Phil Landis, President and CEO Veterans Village of San Diego

Subject: House Committee on Veterans Affairs Hearing Re: Department of Veterans Affairs goal of ending veteran homelessness by 2015

As a matter of disclosure you should be aware that I am a member of the VA Advisory Committee on Homeless Veterans and I am neither speaking for the VA nor the Advisory Committee today.

VVSD is a nationally recognized non-profit and non-governmental organization that has served veterans since 1981. Using five pillars: prevention, intervention, treatment, aftercare and employment services, VVSD assists veterans who have substance abuse and mental health issues, including men and women recently returned from Iraq and Afghanistan. Working with addiction case managers and mental health professionals, residents rebuild lives, repair relationships and return to society as productive citizens.

Veteran Treatment Center (VTC)

Factors underlying Veteran homelessness such as mental health issues and substance use disorders are often related to conditions and experiences veterans encounter during their time in service to our country. (e.g., Military Sexual Trauma (MST), Combat injuries treated with opiates). All too often, the very medication used to treat their pain leads to a physiological dependency on opiates. When the opiate medication is stopped, many experience withdrawal symptoms and seek out ways to 'self-medicate'. Unfortunately, many of these men and women "treat" their withdrawal symptoms by using street drugs, such as heroin. This predictable path often results in failed drug screens and separation from military service. They are often denied honorable discharge making them ineligible for VA Healthcare benefits. This administrative separation results in lost jobs, lost income, lost housing and lost benefits which results in addicted veterans being homeless on the streets and unable to obtain lifesaving services.

The emphasis on permanent housing first is an admirable and reasonable idea for many homeless veterans. In fact, since October 2013 VVSD has placed over 550 veterans into permanent housing (which equates to approximately 10 per week). However, for veterans with co-occurring disorders, housing without treatment is a major risk factor for those in need of higher level of services. The absence of Shelter Plus Care options for these homeless veterans makes remaining sober and stabilized on psychotropic medications nearly impossible if housed alone. If untreated or unmanaged, these diseases are progressive and life threatening.

Founders of STAND DOWN for Homeless Veterans

Vietnam Veterans of San Diego, dba Veterans Village of San Diego

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VVSD is a nonprofit charitable 501C(3) corporation EIN #95-3649525

www.vvsd.net

Citation:

Protective Factors and Risk Modification of Violence in Iraq and Afghanistan War Veterans. (767-773) Eric B. Elbogen, PhD.; Sally C. Johnson, MD; H Ryan Wagner, PhD; Virginia M. Newton, PhD; Christine Timko, PhD; Jennifer J Vasterling, PhD; and Jean C. Beckham, PhD. 2012 Physicians Postgraduate Press, Inc

This study shows that treatment and rehabilitation services such as those offered at VVSD support that “....clinical intervention directed at treating mental health and substance abuse problems, psychosocial rehabilitation approaches aimed at improving domains of basic functioning and psychological well-being may also be effective in modifying risk and reducing violence among veterans.”

Grant Per Diem and Employment

The VA is putting a preponderance of their homeless dollars into Rapid-Rehousing & VASH. They have eliminated new funding for GPD. GPD funding focuses on treatment and employment combined with transitional housing. There is a need for both. The VA continues to fund existing GPD Programs which are essential to serving the range of needs of homeless veterans. The SSVF Program requires that GPD referrals be made during the first 30 days of living in such programs and requires all GPD veterans secure permanent housing within 90 days. This is often too early to know if SSVF is an appropriate referral source and should be reviewed as a mid-course correction. HUD has put more emphasis in recent years on reducing the length of stay for homeless people (including veterans) who reside in transitional housing programs which may not always be in the best long term interest of some veterans. To substantially reduce or eliminate GPD beds would be short sighted and disastrous.

Joint HVRP/HUD: These 2 programs work well together. HVRP is focused on veterans securing jobs. HUD is focused on Housing for Homeless Veterans and other homeless people. The challenge is that with the high rate of PTSD and unemployment among younger veterans, evidence suggests there is a need to increase HVRP funding.

Supportive Services for Veteran Families (SSVF)

Since the inception of our Supportive Services for Veteran Families (SSVF) Program in 2013, we have to date enrolled 314 veteran households who were homeless or at risk of becoming homeless. Of the 314 veteran households, we were successful in placing 84% of these families into permanent housing. We’ve seen that more and more veterans are struggling to find employment and it has become even more difficult for them to secure sustainable income when there is not a roof over their head. The SSVF program is a great tool in fighting homelessness amongst the veteran population. The program prevents homelessness amongst veteran families and works with those who are homeless to rapidly enter permanent housing utilizing the Housing First model; this model is centered on placing homeless families into permanent housing, and then providing the appropriate services tailored around addressing their housing barriers.

This model works very well for the Post 9/11 generation who only need a “hand up”. Many of the Post 9/11 veterans that come across SSVF seeking services don’t need the totality of our assistance. One of the benefits of the Housing First model is that the singular focus is on addressing the participant’s housing crisis. However, we’ve seen that SSVF participants who are not ready to address their primary cause of homelessness, whether it’s substance abuse or mental health issues, are not ready to maintain long term housing stability. Therefore, having the option to be in a formal treatment setting or transitional housing program benefits them in the long run and gives them the opportunity to work on their barriers prior to obtaining permanent housing.

One of our goals at VVSD is to break the cycle of homelessness amongst veterans and their families. In order for us to succeed in our efforts, we think it's crucial that we address the various reasons veterans become homeless. Not all veterans are ready to sustain themselves in housing and not every veteran will have substance abuse or mental health challenges, but having both SSVF and the VVSD Veteran Treatment Center in the same agency allows VVSD to make a difference in the veteran community. One size does not fit all and homeless veterans deserve the opportunity to choose the program that is most appropriate to meet their needs.

In conclusion: At Veterans Village of San Diego (VVSD), we believe intensive treatment leads to self-sustaining independence, the maximizing of human potential and a meaningful, fulfilling life. Our veterans are worthy of nothing less. Furthermore, we believe in providing services tailored to the veteran's needs and desires utilizing a client-centered approach focused on addressing their primary causes of homelessness.

Respectfully,

Phil Landis
President & CEO

Enclosure(s):
(1) Veterans Village Resident Statistics
(2) Veterans Village Financials